

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

Revised: February 10, 1993

State: ARKANSAS

ATTACHMENT 2.2-A

Page 13a

OMB NO.: 0938-

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

DCFS

- | | | |
|-------------|-----|---|
| <u>X</u> | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>21</u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| <u> </u> | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> . |

TN No. 93-07

Supersedes 91-56

TN No. 91-56

Approval Date MAR 31 1993

Effective Date FEB 10 1993

HCFA ID: 7983E

STATE <u>Arkansas</u>		A
DATE REC'D	<u>MAR 05 1993</u>	
DATE APPV'D	<u>MAR 31 1993</u>	
DATE EFF	<u>FEB 10 1993</u>	
HCFA 179	<u>93-07</u>	

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Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10) ☒
(A)(ii)(VIII)
of the Act
Division of
Children and Family
Services (DCFS)

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

— 21
— 20
— 19
☒ 18

TN No. 9307
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TN No. 9214

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State: ARKANSAS

Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

N/A

42 CFR 435.223 ☒

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

—	Individuals under the age of--
—	21
—	20
—	19
—	18
—	Caretaker relatives
—	Pregnant women

TN No. 9156
Superseded 86-26
TN No. 86-26

Approval Date DEC 30 1991

Effective Date OCT 01 1991

Attachment 2.2-A, Pages 14 & 15, Item 9,
Approved 4-21-87, TN 86-26

HCFA ID: 7983E

STATE <u>Arkansas</u>	
DATE REC'D	<u>NOV 27 1991</u>
DATE APP'D	<u>DEC 30 1991</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA 179	<u>91-26</u>
A	

Revision: HCFA-PM-91-4 (BPD)
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State: ARKANSAS

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

N/A 42 CFR 435.230 ☒ 10. States using SSI criteria with agreements under
435.120 sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

TN No. 9156
Supersedes Re-26
TN No. Re-26

Approval Date DEC 30 1991

Effective Date OCT 01 1991

HCFA ID: 7983E

Attachment 2.2-A, Page 15,
Items 10 a., b., c., d.(1), (2) and (3),
Approved 4-21-87, TN 86-26

STATE <u>Arkansas</u>	A
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HCFA 179 <u>91-36</u>	

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(BPD)

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OMB NO.: 0938-

State: ARKANSAS

Agency*	Citation(s)	Groups Covered
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**B. Optional Groups Other Than the Medically Needy
(Continued)**

- | | | |
|----------------|-----|---|
| 42 CFR 435.230 | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 91-56

Supersedes 86-26

TN No. 86-26

Approval Date DEC 3 1991

Effective Date OCT 01 1991

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Attachment 2.2-A, Page 15,
Item 10 d.(4) and
Attachment 2.2-A, Page 16,
Items 10d (5) (6) (7) (8) and (9),
Approved 4-21-87, TN 86-26

STATE <u>Arkansas</u>	A
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DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-56</u>	

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ATTACHMENT 2.2-A
Page 16a
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State: ARKANSAS

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes.

☐ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-56
Supersedes
TN No. 86-26

Approval Date DEC 30 1991

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HCFA ID: 7983E

Attachment 2.2-A, Page 16.
Last 2 paragraphs,
Approved 4-21-87, TN 86-26

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DATE APP'D <u>DEC 30 1991</u>	
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HCFA 179 <u>91-56</u>	

State: ARKANSAS

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

N/A 42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

☒ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- (1) All aged individuals.
- (2) All blind individuals.
- (3) All disabled individuals.

TN No. 92-04

Superseded

TN No. 91-56

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FEB 20 1992

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MAR 01 1992

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STATE <u>Arkansas</u>	A
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DATE APP'D <u>FEB 20 1992</u>	
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HCFA 179 <u>92-04</u>	

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 9156
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TN No. See Below

Attachment 2.2-A, Page 15,
Item 10d(4) and Page 16, Item d(5) - (9),
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HCFA 179 <u>9156</u>	

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OMB NO.: 0938-

State: ARKANSAS

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes

☐ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 9156
Superseded
TN No. 8626

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Attachment 2.2-A, Page 15
Item 10 a., b., c. and d. (1) - (3)
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State: ARKANSAS

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

DEMS

42 CFR 435.231 ☒
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☐ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☒ Aged
☒ Blind
☒ Disabled
____ Individuals under the age of--
____ 21
____ 20
____ 19
____ 18
____ Caretaker relatives
____ Pregnant women

TN No. 91-56

Supersedes 91-21

TN No. 91-21

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Attachment 2.2-A, Page 17, Item 11,
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STATE <u>Arkansas</u>		A
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HCFA 179	<u>91-56</u>	